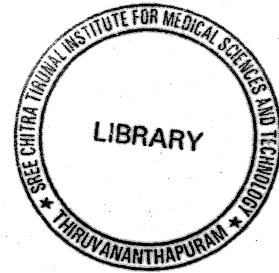


**EFFECT OF PRE OPERATIVE TEACHING ON  
POST OPERATIVE RECOVERY OF PATIENTS  
UNDERGOING TRANSPHENOIDAL  
HYPOPHYSECTOMY AT SCTIMST, TRIVANDRUM**

**PROJECT REPORT**

**SUBMITTED BY  
AMBILY. V.V.**



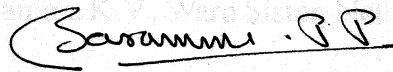
*Submitted in partial fulfillment of the requirements for the  
Diploma in Neuro Nursing*

**SREE CHITRA TIRUNAL INSTITUTE  
FOR MEDICAL SCIENCES AND TECHNOLOGY  
THIRUVANANTHAPURAM**

**NOVEMBER - 2006**

## CERTIFICATE

This is to certify that this study aimed the effect of pre operative teaching on post operative recovery of patients undergoing transphenoidal hypophysectomy is a bonafide work done by Ambily V.V. at the Sree Chitra Tirunal Institute of Medical Sciences and Technology, Trivandrum, submitted in partial fulfilment of the requirement for the diploma in neuro nursing.



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Date : 21/11/2006

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# ACKNOWLEDGEMENT

The study has been undertaken and completed under the inspiring guidance of Mrs. Saramma P.P., Lecturer in Nursing, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum. The investigator expresses gratitude for her enlightening and sustained guidance.

The investigator is thankful to the god for giving opportunity for conducting the study and completing the study without any obstruction.

The investigator is grateful to Dr. Bhattacharya, Head of the Department of Neurosurgery, SCTIMST Dr. Suresh Nair, Senior Professor of Neuro Surgery.

The investigator is thankful to Smt. Rosamma K.V., Ward Sister, Neuro Surgical Intensive Care Unit Mrs. Theyyamma Paul, Mrs. Lalitha and other staff of the ICU and Mrs. Omana C.N., Mrs. Geetha Kumari and other staff of the Neuro Surgical Ward.

The investigator expresses her special thanks to Nursing students in II year DNN students for providing excellent guidance.

The investigator sincerely expresses thanks to library staff for giving opportunity to utilize the library facilities and computer facilities.

The investigator is grateful to all patients who had undergone transphenoidal hypophysectomy for their co-operation in conducting study.

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# CHAPTER - I

## INTRODUCTION

### BACKGROUND OF THE STUDY

Pituitary adenomas which account for approximately 10-15% of all intracranial tumors in surgical series, usually are classified according to their secretory activity. Growth hormone secretory adenomas, prolactin secreting adenomas, adenocorticotropin secreting adenomas, and clinically non-functioning adenomas, Clinical manifestations of pituitary adenomas are the result of excess hormone secretion and compression of the surrounding structures. The aim of treatment of prolactin adenomas is reversal of endocrine dysfunction with preservation of normal pituitary function. More over decompression of the nervous structures and control of tumor growth become increasingly important when large tumors are considered. Therapeutic options in patients with pituitary adenomas include surgery radiotherapy and medical treatment. The choice of the more appropriate treatment in the individual patient rests mainly on tumor type, age and clinical status of the patient.

In our institution minimum three or four surgery one week. In some patients complications like CSF leak, occurrence of hematomas and resurgery is needed. Therefore patients are very anxious about their recovery.

### Need and significance of the study

The investigator noticed that patient who are undergoing transphenoidal hypophysectomy are generally more anxious. They ask many questions regarding post operative ICU stay, outcome and daily activities.

## **Statement of the problem**

The effect of pre operative teaching on post operative recovery of patients undergoing transphenoidal hypophysectomy.

## **Definitions of terms**

Transphenoidal hypophysectomy : Microscopic transphenoidal surgery became the standard conventional surgical treatment for pituitary tumors. Mucosal dissection from the nasal septum, the use of a transphenoidal retractor, postoperatively nasal packing for 2-3 days and on average of 3-5 days of hospitalization have been routine in standard microscopic transphenoidal surgery.

Pre-op teaching : Planned teaching given by the investigator prior to surgery regarding ICU stay, positioning pack removal discharge and followup of the patients.

Post op Recovery : It includes recovery parameters like length of ICU stay, pack removal, prop-up positioning, CSF leakage, vision improvement and occurrence of complication.

## **Objective of the study**

To find out the effect of pre operative teaching on post operative recovery of patients undergoing surgery for Transphenoidal hypophysectomy.

## **Limitations**

- 1) The study was limited to SCTIMST.
- 2) The duration is 3 months.

- 3) The patients who knows malayalam.
- 4) The patients who are operated for pitutary adenoma by Transphenoidal hypophysectomy.

## **Summary**

This chapter deals with introduction back, ground of the study, need and significance of the study, statement of the problem, definitions of terms, Objectives and Limitations.

## **Organization of Report**

Chapter II deals with the summary of released studies received chapter III deals with the Methodology of this study. Chapter IV contains analysis and interpretation of the findings. Chapter V consist of summary conclusion, implication and limitations of the study and recomendations. This report also includes a selected bibliography and appendix.

## CHAPTER - II

# REVIEW OF RELATED LITERATURE

Review of literature is an important aspect of any research project from beginning to end. It gives character insight into the problems and helps in selecting methodology, tool and analyzing data. With these in view an intensive review of literature has been done. Related literature was reviewed in depth so as to broaden the understanding of the selected problem.

Tyrrell (1999) conducted a study prolactinomas are frequently treated primarily with dopamine agonists. However these agents have disadvantages and require life long therapy. We therefore reassessed transphenoidal micro surgery as an alternate therapy. Reviewed the data for 121 female patients treated surgically for prolactinomas between 1976 and 1979 (gp I) and 98 patients treated between 1988 and 1992 (gp II) of 219 women, 92% with pre operative prolactin values of  $\leq 100$  mgl ml and 91% with interstellar micro adenomas experienced initial remission 80-88% of patients with intracellular macroadenomas or macroadenomas showing moderate suprasellar extension of focal sphenoid sinus invasion experienced remission. Women with PRL values of  $> 200$  mgl ml and those with larger more invasive adenomas experienced poorer outcomes. Lower pre operative PRL values and adenoma stage were the best predictors of initial surgical outcomes. In gp I 84% of patients continued to experience remission after a median follow up of 15-16 yrs. In gp II 97% of patients continued to experience remission after a median followup period of 32 days. Lower post operative PRL values were the best predictors

of long term remission. Transphenoidal microsurgery is an effective alternative to long term medical therapy for selected patients with prolactinomas. Successful outcomes and long terms remission were achieved in patients with micro adenomas and non invasive macro adenomas.

Mortini Pietro etal conducted a study to assess the efficiency and safety of microsurgical transphenoidal surgery in a series of previously 1140 consecutive patients undergoing transphenoidal resection of a pituitary adenoma 1990 through December 2002 were included in study post operative results were classified uniformly during the period of the study. Patients were considered in remission often when strict hormonal and radiological criteria of cure were met. The most frequent tumor type was clinically non functioning adenoma. The patients population was 59.7% female and 40.3% male. There was 788 macro adenomas and in 233 patients the tumour invaded one or both cavernous sinuses. Surgical outcome was better inpatients with micro- adenomas than in patients with in Macro adenomas, where as the tumour invading cavernous sinus has poorer outcome. Normalization of visual defect occurred in 117 of the 289 patients with visual disturbances and improved in another 148 patients. Three patients died as consecutive surgery. Transphenoidal surgery is an effective and safe treatment for more patients with pituitary adenoma and could be considered the first choice therapy in all cases except prolactinuous response to dopamine agonists.

Joshi M Shabin conducted retrospective analysis of 25 consecutive paediatric patients with cushing's disease who underwent transphenoidal surgery performed

by a single neuro surgeon in a specialist centre during a 20 yrs period. All patients underwent detailed endocrine investigation and imaging in the form of CT and MRI. BIPSS was performed in 19 patients with successful lateralization of the side of the micro adenoma in 14 and prediction of a central tumor in four. There were 15 male and female patients, weight gain was the most common and the growth impairment, fatigue, skin changes and hypertension. Post operative complication included growth hormone deficiency transient diabetes insipidus, transient CSF rhinorrhea. The median followup period was 59.5 months. Overall 15 patients achieved surgical cure of which 14 outcomes were obtained using the results of BIPSS. Ioptis required post operative radiotherapy to achieve remission. There were no cause of meningitis, no neurological deficits, no reoperation and no mortality.

Mattozo A Curlos conducted in a series of patients with residual endocrine in active macro adenomas who underwent repeat surgery Assess possible reasons for prior sub total removal reoperative success, complication rate and patient impressions. All patients were identified who had a prior subtotal removal of an endocrine inactive macro adenoma and were reoperated on for residential sellar tumor via an endonasal approach. Overbyes adenomas so had repeat surgery medial internal between surgery of 16 patients were preoperative visual loss 15 improved. In 17 patients with prior surgery who completed questionnaire, second surgery was associated with an easier recovery loss of pain and better nasal air flow in 82, 88 and 93% respectively. An endonasal reoperation is well tolerated a low complication rate.

Seda Lauro et al conducted a study different techniques have already been described for reconstructing the sellar floor after transphenoidal surgery for pituitary and sellar region tumors were studied. No intra operative cerebrospinal fluid leak occurred in 503 (gp I) patients in the remaining 64 patients intraoperative CSF leak was noted. In gp I closure of the sella floor consisted of packing the surgical bed with hemostatic material and the inter sellar space was filled with fibrin glue. At the end of surgery a continuous lumbar CSF drainage system was installed in gp 2 patients and kept for 5 days. Prophylactic antibiotics were administered this period. Didn't observe delayed CSF leak, meningitis or visual loss in gp 1 patients. In gp 2, 2 patients presented with complication.

Benveniste J Ronald et al conducted a study to describe the indications for and the results of complications of repeated transphenoidal surgery to treat recurrent or residual pituitary adenoma. A review conducted of 96 consecutive patients who underwent repeated transphenoidal surgery to treat recurrent or residual pituitary adenoma. 42 treat a recurrent or residual pituitary mass and 54 to treat a recurrent or persistent hormone hyper secretion. There was no case of perioperative death and these was 1% incidence of major complications. Clinical remission occurred in 93% of patients undergoing repeated transphenoidal surgery to treat a tumor mass 15% patients initially. Experienced remission only to face a relapse after a mean of 32/12. Ten patients in our series eventually underwent a third transphenoidal surgery without major complications. Repeated transphenoidal surgery is a more effective treatment for recurrent or residual mass than it is for hormone hypersecretion and

has acceptable rates of morbidity and mortality. If hypophysectomy is not performed endocranial deficiencies are unlikely following repeated transphenoidal surgery.

Nermergut C Edward a study to assess common complication of transphenoidal surgery. The purpose of this study was to elucidate patient and surgery specific risk factors for diabetes insipidus. The peri operative records of 881 patients who had undergone transphenoidal, micro surgery at the author's institution between January 1995 and June 2001 were reviewed. Among 857 patients without preoperative diabetic insipidus the overall incidence of immediate post operative diabetic insipidus was 18.3% with 12.4% of patients requiring treatment with desmopressin at some point during their hospitalization. An observable intra operative CSF leak was strongly associated with an increased incidence of both transient and persistent diabetic insi.... Among patients with pituitary adenomas with cushing disease had an increase risk of transient but persistent DI. Patients with a micro adenoma were more likely to suffer transient diabetic insipidus than those harbouring a macro adenoma but were not more likely to experience persistent DI. Risk factors for persistent diabetic insipidus include an intra operative CSF leak craniopharyngioma.

K Das & J.K. Lice conducted a study combining a number of suggestions made by previous authors refined the transphenoidal approach and to operate 231 pituitary tumors with a mortality rate of 5.1%. As he developed increasing expertise with transcranial surgery, however cushing reduced his mortality rate to 4.5% with the trans approach, he was able to verify suprasellar tumors and achieve better

decompression of the optic apparatus resulting in better recovery of vision and lower recurrence rate.

Lawser conducted a study transphenoidal surgery for cushings disease from a pituitary adenoma is an effective and safe treatment. Between adenoma is an effective and safe treatments. Between Jan. 1992 and Dec. 1997 105 patients underwent transphenoidal surgery for cushing's disease. The criteria for inclusion in this study was clinical and biochemical studies strongly suggestive of cushing's disease, a normal magnetic resonance imaging scan with normal sella and sellar contents noprevious pituitary surgery and transphenoidal surgery performed. 18 patients fulfilled those criteria and their criteria and their results were analysed retrospectively. The average age of patients was 47. 8 yrs there were 13 women and 5 men. Inferior petrusal sinus sampling with and without corticotropin releasing hormones stimulation was performed in 16 patients with correct localization of the lesion in 13. During surgery, the surgeon identified and removed 17 pituitary tumors. 15 patients has selective adenomectomies one had a hypophysectomy and two had to full hypophyiectomies. 13 discrete adenocarticotropic hormone serating adenomas were proven histologically and one pituitary gland had diffuse involvement with tumor. Complication occurred in 5 patients. 16 patients who were followed up for an average of 21.6 month has sustained remission, 12 of when were profound the hypocortisolomic immediately after surgery.

Popovic V. viewed clonical records for 220 patients with acromegaly, 151 patients with non functioning pituitary adenoma and 98 patients with prolactinomas.

Patients with non functioning pituitary adenomas had 3.9 fold increased rate of malignancy tumors compared with the general population or own controls. Female patients with acromegaly and male patients with nonfunctioning pituitary adenoma had higher incidence of neoplastic.

## **Summary**

The review of literature on the above areas helped the investigator to gain knowledge about the effect of health teaching.

The literature review also helps in the design of the study development of tool information about sample, data collection procedure and plan of analysis.

## RESEARCH METHODOLOGY

### Introduction

Research methodology is the way to systematically solve the research problem. It includes the steps that researcher adopts to study his problem with the logic behind.

### Statement of the problem

A study to assess the effects of preoperative teaching on post operative recovery of patients undergoing Transphenoidal hypophysectomy.

### Objectives

- To assess the effects of preoperative teaching on post operative recovery of patients undergoing transphenoidal hypophysectomy.
- To measure the outcome scoer of the pituitary adenoma operated patients through transphenoidal hypophysectomy.
- To assess the occurance of complication after Transphenoidal hypophysectomy.

### Research approach

To accomplish the objectives of study the investigator used consecutive sampling and patients were randomly assigned to experimental and control group on weekly basis.

## **Research Design**

Research design is the conceptual structure within which the research is conducted. It facilitates the smooth sailing of the various research operations there by making research as efficient as possible yielding maximum information with minimal expenditure of effort, time and money. It is concerned with a researcher plan for obtaining answer to the research questions. The researcher design selected for the present study was an experimental design.

## **Settings of the study**

The study was conducted in Sree Chitra Thirunal Institute for Medical sciences and Technology”, Trivandrum.

The rationale for selecting this institute (SCTIMST) for this study was that the investigator was most familiar with the Institution. In addition to that SCTIMST is an national importance where there is a separate complex for Neurosurgery, this including Neurosurgery ICU, theatre and ward. A minimum of 3 operations are done in one week for pituitary adenoma.

## **Population**

In this study the total strength is 16 patients, 9 male and 7 female. The average age is 40.62 Age range is 17-71 yrs. They are randomisely assigned to experimental and control group on weekly basis.

## **Sample and Sampling technique**

Consecutive sampling technique was used to select the samples for the study. Patients were randomly assigned to experimental and control group on weekly basis starting with experimental group. In the first stage samples were selected for the pilot study. In the second stage 16 patients were selected for the study purpose.

## **Criteria for sample selection**

### *Inclusion Criteria*

- Patients who are post for surgery Transphenoidal hypophysectomy.
- Patients who knows Malayalam

### *Exclusion Criteria*

- Patients who are posted surgery pituitary adenoma by craniotomy.

## **Development of Data collection Tool**

Data collection tool refers to the instrument which was constructed by the investigator to obtain relevant data. In this study the investigator divided the group into control group and experimental group. Planned individual health education is given to the experimental group prior to surgery. All the patients were informed about pre and post operative routines by a nurse as per unit protocol. After that the investigator assessing the patients post-operatively by the parameters included were length of ICU stay (1 score if <3 day), allowing propped up position (1 score if achieved before 4 days) vision improvement (1 score if improved) presence of CSF

leak (1 score if absent) Development of post operative complication (1 score if no complication). The scores obtained was added to get a composite score of five. Higher score denotes better outcome.

### **Description of tool**

The structured interview schedule consisted of mainly

Section A : Deals with Demographic data

Section B : Consist of regarding five recovery parameters score basis.

Section C : Deals with the outcome score basis

### **Pilot study**

The pilot study was conducted from 30th August to September 2006. The aim of the pilot study was to find out the practicability and feasibility of the tool. The study was conducted among 4 samples. The sampling technique used was consecutive sampling and patients were randomly assigned to control and experimental group on a weekly basis. Pilot study findings revealed that the study was feasible and practicable.

### **Data Collection Procedure**

Since no problem was faced during pilot study same method of data collection was used for final study. The final study was done during September to November 2006. Researcher first introduced herself and explained the need and purpose of the study to the subjects. A planned preoperative education is given to experimental

group. Both groups are assessed post operatively. This done by observing patient and referring medical records. The samples were co-operative and no problem was encountered.

### **Plan of data analysis**

The researcher decided to analyse the data in terms of frequency and percentage and to present them in the tables, and bar diagrams.

### **Summary**

This chapter dealt with introduction statement of the problem, objectives, research approach, research design, settings of the study, population, samples and sampling technique, criteria for sample selection, development of data collection tool, description of the tools, pilot study data collection procedures and plan of data analysis.

## CHAPTER IV

# ANALYSIS AND INTERPRETATION OF DATA

This chapter presents the analysis and interpretation of the data collected from 16 patients at Sree Chitra Thirunal Institute for medical Sciences and Technology, Trivandrum.

Analysis is a process of organizing and synthesizing data in such a way that project questions can be answered. The overall of analysis is to organize structure and to elicit meaning from collected data.

Interpretation refers to the process of making sense of the results and the examining of the implications of the findings within a broader content.

The data was sent on Excel spread sheet analysed using statistical package Epi Info version.

Distribution according to Demographic Data

Distribution according to ICU stay

Distribution according to prop up positioning

Distribution according to CSF leakage

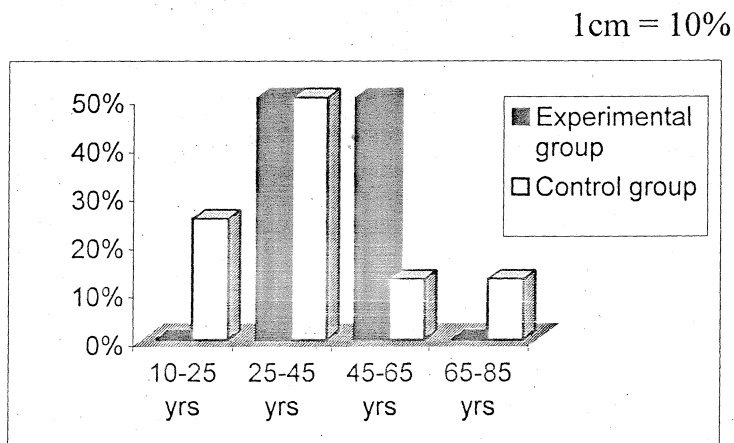
Distribution according to vision improvement

Distribution according to occurrence of complication

**TABLE - 1**  
**DISTRIBUTION ACCORDING TO AGE GROUP**

Age group	Experimental group	Control group	Total
10-25 yrs	0 (0%)	2 (25%)	2 (25%)
25-45 yrs	4 (50%)	4 (50%)	8
45-65 yrs	4 (50%)	1 (12.5%)	5
65-85 yrs	0	1 (12.55)	1

**FIGURE - 1**  
**DISTRIBUTION ACCORDING TO AGE GROUP**

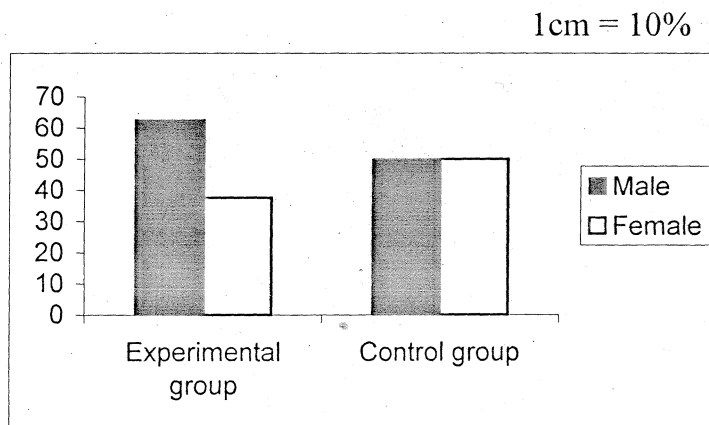


Statistical significance was not tested due to small sample size.

**TABLE - II**  
**DISTRIBUTION ACCORDING TO SEX**

Sex	Male	Female	Total
Experimentation group	5 (62.5%)	3 (37.5%)	8 (100%)
Control group	4 (50%)	4 (50%)	8 (100%)

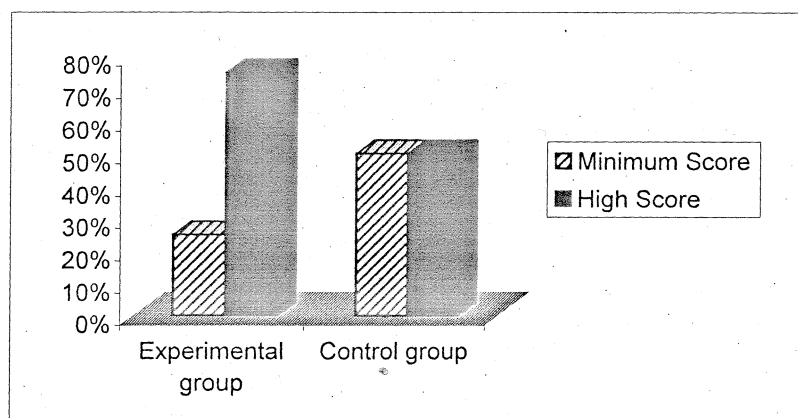
**FIGURE - II**  
**DISTRIBUTION ACCORDING TO SEX**



**TABLE - III**  
**DISTRIBUTION ACCORDING TO ICU STAY**

Exp I	Frequency of Minimum score	Frequency of High Score	Total
Experimental group	2 (25%)	6 (75%)	8 (100%)
Control group	4 (50%)	4 (50%)	100%

**FIGURE - III**  
**DISTRIBUTION ACCORDING TO ICU STAY**



Statistical significance was not tested due to small sample size.

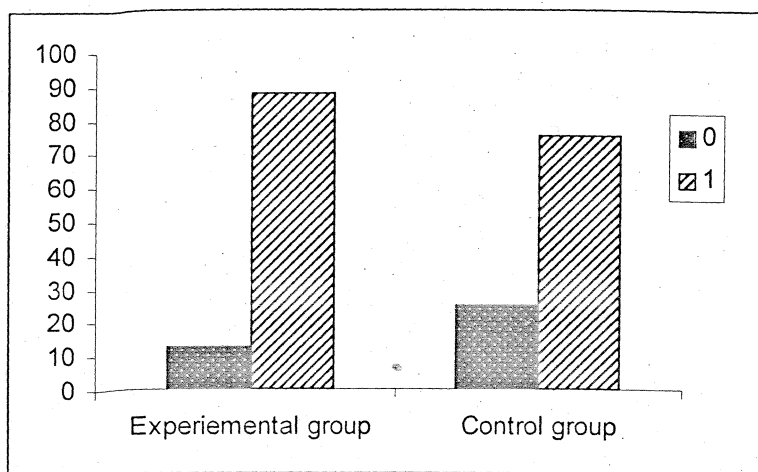
**TABLE - IV**

**DISTRIBUTION ACCORDING TO PROP UP POSITIONING**

Score	0	1	Total
Experimental group	1 (12.5)	7 (87.5)	8 (100%)
Control group	2 (25%)	6 (75%)	8 (100%)

**FIGURE - IV**

**DISTRIBUTION ACCORDING TO PROP UP POSITIONING**

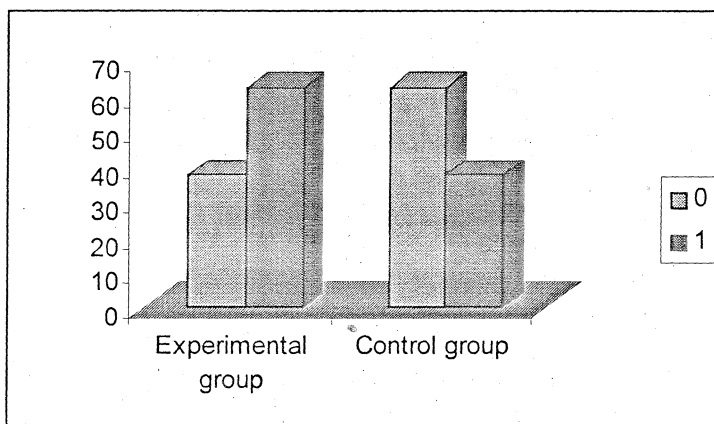


Statistical significance was not tested due to small sample size.

**TABLE - V**  
**DISTRIBUTION ACCORDING TO VISION IMPROVEMENT**

Score	0	1	Total
Experimental group	3 (37.5)	5 (62.5)	8
Control Group	5 (62.5)	3 (37.5)	8

**FIGURE - V**  
**DISTRIBUTION ACCORDING TO VISION IMPROVEMENT**

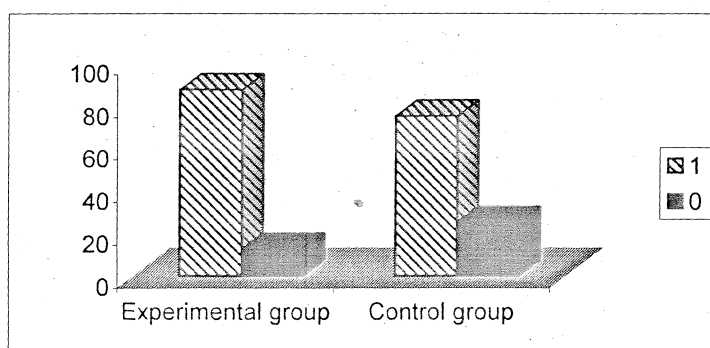


Statistical significance was not tested due to small sample size.

**TABLE - VI**  
**DISTRIBUTION ACCORDING TO CSF LEAKAGE**

Score	0	1	Total
Experimental group	7 (87.5)	1 (12.5)	8 (100%)
Control Group	6 (75%)	2 (25%)	8 (100%)

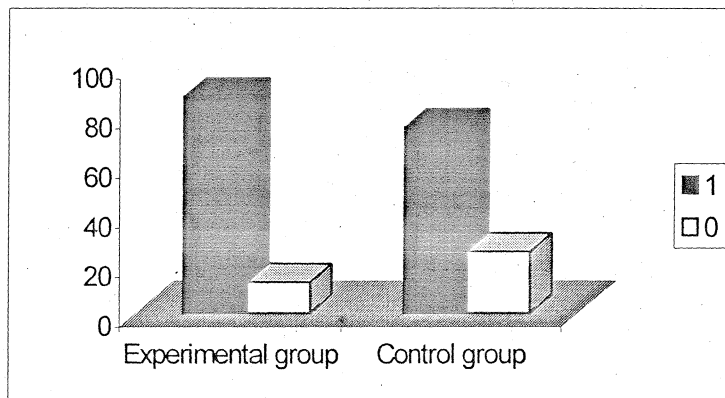
**FIGURE - VI**  
**DISTRIBUTION ACCORDING TO CSF LEAKAGE**



**TABLE - VII**  
**DISTRIBUTION ACCORDING TO OCCURANCE**  
**OF COMPLICATION**

Score	0	1	Total
Experimental group	7 (87.5)	1 (12.5)	8
Control Group	6 (75%)	2 (25%)	8

**FIGURE - VII**  
**DISTRIBUTION ACCORDING TO OCCURANCE**  
**OF COMPLICATION**



Statistical significance was not tested due to small sample size.

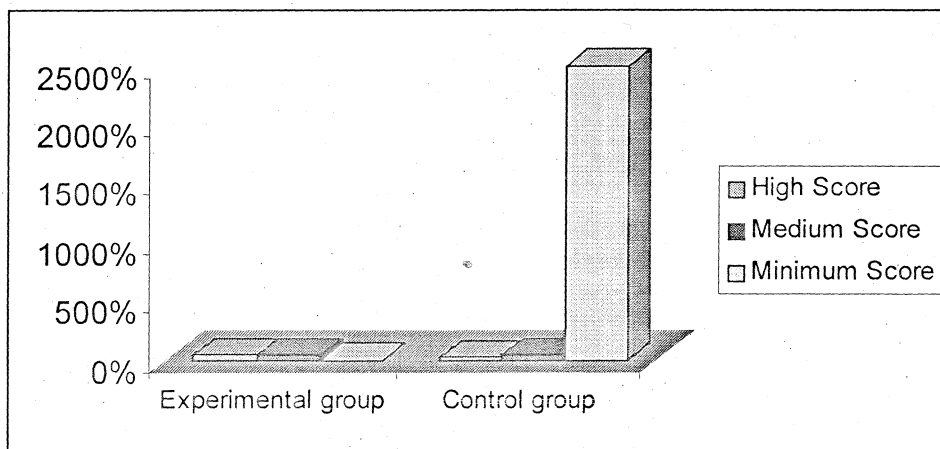
**TABLE - VIII**

**DISTRIBUTION OF DATA ACCORDING TO SCORE BASIS**

Score	High score	Medium Score	Minimum score	Total
Experimental group	4 (50%)	4 (50%)	0	8 (100%)
Control group	2 (25%)	4 (50%)	2 (25%)	100%

**FIGURE - VIII**

**DISTRIBUTION OF DATA ACCORDING TO SCORE BASIS**



### Summary

The chapter dealt with analysis interpretation of data collected from 16 caregivers. Descriptive statistics were used for the analysis. Bar diagram used illustrate the findings of the study.

## CHAPTER - V

# SUMMARY, CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

This study was conducted with the objective, to assess the effect of preoperative teaching on post operative recovery of patients undergoing transphenoidal hypophysectomy.

A review of related research literature helped the investigator to at a clear concept about the research topic undertaken as well as to develop tools, methodology of the study and decide the plan for data analysis.

The research approach adopted for the study was experimental and control group and experimental design. The study was conducted at neuro surgery ICU, neurosurgery ward of Sree Chitra Tirunal Institute for Medical Sciences and Technology. The sample technique used was consecutive sampling and patients were randomly assigned to control, and experimental group on weekly basis.

The tool used for data collection was comprising of three sections. Section A deals with demographic data. Section B deals with assessing with various parameters. Section C deals with the basis of outcome score.

The prepared tool was given to experts for content validity. The pilot study findings revealed that the study was feasible and practicable. The data collection was done in the month of September to November 2006. The data was sent on excel Spread Sheet analyzed using statistical package Epi Info Version.

### **The major findings of the study**

- The pack removal is same for each patient
- Outcome score is good in experimental group than control group
- Out of 16 subjects 18.37% had undergone complications and undergone resurgery.

In this study CSF leak is main complication after transphenoidal hypophysectomy

### **Limitations**

1. The study was limited to SCTIMST
2. The duration is 3 months
3. The patients who knows Malayalam
4. The patients who are operated for pituitary adenoma through transphenoidal hypophysectomy

### **Conclusions**

Proper health education helpful for the recovery of the patients. The pack removal is same in each patients, that not depend on patient is routine process. In this study outcome score is good, out of 16 patients 18.37% had undergone complications.

### **Recommendations**

Further study can be done to find out the effect of preoperative teaching on post operative recovery of patients undergoing transphenoidal hypophysectomy in other institutions.

## CHAPTER - VI

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# OUTCOME MEASUREMENT CHART FOR TRANSPHENOIDAL HYPOPHYSECTOMY PATIENTS

Name : High Score - 5  
Age : Medium Score - 2-4  
Sex : Minimum Score - 1  
Diagnosis :

## 1. Length of ICU stay

Score	1	0
	<input type="text" value="2 or 3 days"/>	<input type="text" value="After 3 days"/>

## 2. Allowing pro-up position

Score	1	0
	<input type="text" value="3 or 4th day"/>	<input type="text" value="After 4th day"/>

## 3. Vision

Score	1	0
	<input type="text" value="Improved"/>	<input type="text" value="decreased/ absent/ no change"/>

## 4. C.S.F Leakage

Score	1	0
	<input type="text" value="Present"/>	<input type="text" value="Absent"/>

## 5. Occurrence of complication

Score	1	0
	<input type="text" value="Present"/>	<input type="text" value="Absent"/>

## HEALTH EDUCATION FOR TRANSPHENOIDAL HYPOPHYSECTOMY

The surgery taken about 3-5 hrs for completion. After surgery you will be in the Neurosurgical ICU.

Before sending to OT relatives come and visit you.

There is packing inside the nose which may cause irritation to the nose.

In the ICU you may see various machines hear alarms and cooling effect because A/c arrangement is there.

Oxygen mask put on to nose for hours for helping breathing, and frequent assessment given in the ICU rather than ward. You won't be allowed to take food or fluids through mouth, fluids given through vein.

The position should be flat in position till the pack is removed from the nurse.

Urinary catheter for drainage of urine, because output may be high because of hormonal imbalance.

On the 3rd day pack is removed then head and raised gradually, generally you may shifted to ward on 4th day.

Immediate post visual loss if present gradually be regained.

Do not sneeze vigorously

Do not put anything into the nose

If post nasal drip is present consult the doctor

Review the doctor on appointment date with all documents. At the time of visit you bring discharge card, old films of CT, MRI and medicine sheet.

The most common complications are CSF Rhinorrhea, Diabetes insipidus. In addition to this epistaxis hydrocephalus deep vein thrombosis occur.

# മൂക്കിൽ കുടിയുള്ള ശസ്ത്രക്രിയ കഴിഞ്ഞവരുടെ

## ശ്രദ്ധയ്ക്ക്

1. ഈ ശസ്ത്രക്രിയ. മൂന്ന് നാല് മണിക്കൂർ മീണ്ടു നിൽക്കുന്നതാണ്. ഓപ്പറേഷൻ കൊണ്ടു പോകുന്നതിന് മുൻപായി ബന്ധുക്കളെ കാണാൻ നിങ്ങളെ അനുവദിക്കുന്നതാണ്.
2. ഈ ശസ്ത്രക്രിയ മൂക്കിൽ കുടി ഒരു ട്യൂബ് കടത്തിയാണ് ചെയ്യുന്നത്. ആയതിനാൽ തിരിച്ച് വരുമ്പോൾ മൂക്കിനുള്ളിൽ ബാൻഡേജ് വച്ച് അടച്ച് മൂക്കിന് മുകളിൽ കുടി പ്ലാസ്റ്റർ ഒട്ടിക്കുന്നതാണ്. ഇത് കുറച്ച് ബുദ്ധിമുട്ട് തോന്നിക്കുമെങ്കിലും നിങ്ങൾ ഓക്സിജൻ വച്ച് തരുന്നതിനാൽ ശ്വാസം എടുക്കാൻ ബുദ്ധിമുട്ട് അനുഭവപ്പെടുകയില്ല.
3. ഓപ്പറേഷൻ ശേഷം നിങ്ങൾ ICU വിൽ ആയിരിക്കും. അവിടെ നിങ്ങൾക്ക് തീവ്രപരിചരണം കിട്ടുന്നതാണ്. മൂക്കിലെ പഞ്ഞി എടുക്കുന്നത് വരെ തല പൊക്കാരതെ നിവർന്ന് തന്നെ കിടക്കണം. മൂത്രം പോകുന്നതിനായി റ്റൂബ് ഇട്ടിട്ടുണ്ടായിരിക്കും.
4. മൂന്നാം നാൾ മൂക്കിലെ പഞ്ഞി മാറ്റി തരുന്നതായിരിക്കും. അതിനുശേഷം പതിയെ പതിയെ തല ഉയർത്തി ഇരിക്കാവുന്നതാണ്. മറ്റ് കുഴപ്പങ്ങൾ ഒന്നുമില്ല എങ്കിൽ 4-ാം നാൾ വാർഡിൽ വിടുന്നതും തല പൊക്കി വച്ച് ഇരിക്കാവുന്നതുമാണ്. മറ്റ് കുഴപ്പങ്ങൾ ഒന്നുമില്ലെങ്കിൽ നടക്കാവുന്നതാണ്.
5. ഓപ്പറേഷൻ ശേഷം കാഴ്ച കുറയുകയോ, നഷ്ടപ്പെടുകയോ ചെയ്യുകയാണ് എങ്കിൽ അത് പതിയെ മാറുന്നതാണ്.
6. ശക്തമായി മൂക്ക് ചീറ്റരുത്

7. ശക്തമായി തുമ്മുകയോ ചുമയ്ക്കുകയോ ചെയ്യരുത്
8. മൂക്കിനുള്ളിൽ ഒന്നും ഇടുവാൻ ശ്രമിക്കരുത്
9. മൂക്കിൽ നിന്നും വെള്ളം വരികയാണ് എങ്കിൽ ഡോക്ടറെ അറിയിക്കണം
10. അകലെ നിന്നും ഉള്ളവരാണ് എങ്കിൽ ഡിസ്ചാർജ്ജിന് ശേഷം രണ്ട് ദിവസം ഇവിടെ അടുത്ത് താമസിച്ച് കുഴപ്പമില്ലെന്ന് ഉറപ്പ് വരുത്തിയിട്ട് പോകുക
11. പുനഃപരിശോധനയ്ക്ക് വരുമ്പോൾ നിർദ്ദേശിച്ച ദിവസം തന്നെ, ഡിസ്ചാർജ്ജ് സമ്മറി, മരുന്നിന്റെ കുറിപ്പ്, പഴയ MRI CT ഫിലിം ഇവയും കൊണ്ട് വരിക
12. ഈ ഓപ്പറേഷന് ശേഷം ഉണ്ടാകാവുന്ന പരിണിതഫലങ്ങളാണ് മൂക്കിൽ നിന്ന് വെള്ളം വരിക, പ്രമേഹം, മൂക്കിൽ നിന്ന് രക്തം വരിക ഇവയാണ്.

